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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Nepal

Proposed UNFPA assistance:	$35 million, $25 million from regular resources and $10 million from multi-bilateral and/or regular resources
Programme period:	5 years (1997-2001)
Cycle of assistance:	Fourth
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	19.0	6.0	25.0
Population & development strategies	2.5	2.5	5.0
Advocacy	3.5	1.5	5.0
Total	25.0	10.0	35.0

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INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	6.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	23.0	≥55
Access to basic health services (%)[3]	10.0	≥60
Infant mortality rate (/1000)[4]	99.0	≤50
Maternal mortality rate (/100,000)[5]	830.0	≤100
Gross female enrolment rate at primary level (%)[6]	43.9	≥75
Adult female literacy rate(%)[7]	12.5	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

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[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	21,918
Population in year 2000 (000)	24,842
Sex ratio (/100 females)	104.0
Per cent urban	13.7
Age distribution (%)	
Ages 0-14	42.4
Youth (15-24)	19.5
Ages 60+	5.4
Percentage of women aged 15-49	46.8
Median age (years)	18.6
Population density (/sq. km.)	156
Annual population growth rate (%)	2.5
Urban	6.5
Rural	1.8
Crude birth rate (/1000)	36.4
Crude death rate (/1000)	11.4
Net migration rate (/1000)	0.0
Total fertility rate (woman)	4.95
Life expectancy at birth (years)	
Males	56.5
Females	56.5
Both sexes	56.5
GNP per capita (U.S. dollars, 1994)	200

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Nepal achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $35.0 million, of which $25.0 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $10.0 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed five-year programme would be UNFPA's fourth cycle of assistance to Nepal.

2. The proposed programme has been designed to harmonize with the five-year country programme of the UNDP, which also starts in 1997. The proposed programme complements the Nepali Government's proposed ninth five-year National Development Plan (1997-2001) and has also been tailored to complement bilateral and non-governmental inputs to the national population programme.

3. The proposed fourth country programme was developed in collaboration with the Government of Nepal through extensive counterpart discussions with the line ministries responsible for population and development activities. The programme, which was finalized by the Government and UNFPA in August 1996, is based on the Government's population and development objectives as elaborated in the National Population Policy (1983), the New Health Policy (1991), and the National Report submitted to the 1994 International Conference on Population and Development (ICPD). It also takes into account the preliminary discussions to the ninth five-year development plan, including the policy statement of the roles of the newly created Ministries of Population and Environment, and of Women and Social Welfare and the findings and recommendations of the programme review and strategy development (PRSD) mission that visited Nepal in April-May 1996.

4. The programme's long-term objective is to facilitate Nepal's efforts to attain a balance between its population, its development goals and the environment. The immediate objectives include assisting Nepal to strengthen its ability to implement comprehensive population and reproductive health policies and programmes, focusing on the district and grass-roots levels, with the aim of achieving a reduction in fertility levels as well as maternal and infant mortality rates, and to develop and implement an appropriate package of reproductive health information and services at all levels. The programme would also aim to strengthen the process of population and development integration, including research and data management, and to strengthen advocacy efforts in support of reproductive health and women's education and empowerment and to increase awareness of, and help prevent, sexually transmitted diseases (STDs), including HIV/AIDS.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the

International Conference on Population and Development, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Nepal, a predominantly hilly and mountainous country with limited means of modern transport and communication, is one of the least developed nations on earth. The country has a per capita income of about $200 a year, and about 49 per cent of its population lives below the poverty line. Its economy has registered sluggish growth and its population has been growing rapidly, resulting in a minimal increase in per capita income (about 1 per cent a year). Although women are accorded equal rights with men under the Constitution of Nepal, significant gender gaps still exist. For example, while the nation's overall literacy rate has reached 40 per cent, the rate among women is only 25 per cent. Particularly in rural areas, where approximately 86 per cent of Nepalis live, women's access to literacy, property and economic resources is often limited. Given the existing annual population growth rate of 2.5 per cent, the population is likely to double by 2020. Against this backdrop, Nepal has been classified as a group "A" country under UNFPA's new approach for resource allocation.

Previous UNFPA assistance

7. UNFPA's collaboration with the Government of Nepal in the area of population and development dates to 1974. UNFPA's support during the last country programme was instrumental in strengthening population policy and research, initiating decentralized information, education and communication (IEC) activities, integrating population education into the school curriculum, ensuring increased availability and quality of reproductive health and family planning services through primary health care outreach programmes, developing and introducing an integrated health management information system, strengthening and expanding the training of health workers and volunteers, and expanding the national network of training facilities.

8. UNFPA's third country programme realized its quantifiable demographic and health goals and objectives. Partly as a result of UNFPA assistance, the country recorded some notable advances towards meeting its population and reproductive health goals. In 1995-1996, the rate of new family planning acceptors was the highest ever recorded in Nepal, and the preliminary results of the 1996 demographic and health survey suggest a significant reduction in the total fertility rate, from 5.3 to 4.6 children per woman during the preceding five years. Improvements in maternity service coverage have also been recorded.

9. The third country programme highlighted the critical importance of cooperating with the Government to develop nationwide and strategic approaches to attain objectives and targets outlined in the Government's eighth five-year plan. A nationwide approach (as opposed to one focusing on

selected districts) ensures equitable distribution of financial and technical inputs and enables human resource development efforts (aimed at strengthening national capacity) to remain unaffected by staff transfers. Moreover, such a national approach makes the programme more sustainable: if external support for particular projects were to be phased out, the core activities would likely continue, using national resources. Decentralized technical support -- through the establishment of Government/UNFPA field offices in the main regions of the country -- has proven beneficial in that it has ensured regular monitoring and supervision of national strategies at the district level in collaboration with the regional health directorates.

10. Another lesson learned was the value of privatizing the distribution of reproductive health-related commodities. Supplies, which are distributed on a private contract basis once per year to district health stores throughout Nepal's difficult terrain, are now available at all service delivery points, and the number of new acceptors and continuing users is steadily increasing. To further increase acceptance of family planning, it is now realized that IEC efforts should focus on specific methods and on countering unfounded rumours about contraception. It is expected that the Government's recently adopted comprehensive reproductive health IEC strategy, which targets men and youth and addresses issues of gender equity and the empowerment of women, will also make IEC efforts more effective.

11. To increase women's involvement at the grass-roots level (a need suggested during the course of the second country programme), a network of female community health volunteers was established, and mothers' groups were organized as forums for discussion on issues related to empowerment and reproductive health. These grass-roots groups of women became a powerful force in reproductive health promotion. Their referrals helped to link the community with the health system. Unfortunately, the ratio of female community health volunteers to the total population is often insufficient to reach all women in the community. An opportunity has been identified to expand the skill and role of these female community health volunteers through the provision of refresher training, which will include distance training through radio broadcasts.

Other external assistance

12. In Nepal, support by the United States Agency for International Development (USAID) for health and population activities amounted to $20 million for the period 1990-1995. The Finnish International Development Agency (FINNIDA) contributed (through UNFPA) to the national Norplant programme and the female community health volunteer programme in the amount of $2.8 million. The World Bank has allocated $26.7 million for five years for the construction of stores and health facilities as well as the required recurrent costs for mother and child health (MCH) worker and supervisory activities. The total amount allocated by WHO for the biennium 1994-1995 was $7.9 million, primarily for efforts to strengthen the primary health care system. UNICEF's programme of cooperation totaled $65 million for the years 1992-1996, and was broadly aimed at building a basis

for the achievement of major education, health and nutrition goals by the end of decade. The German Government, through the Gesellschaft für Technische Zusammenarbeit (GTZ), is providing support for a comprehensive primary health care project in two districts. The British Overseas Development Administration (ODA) will be offering similar management support in five selected districts as well as support for Safe Motherhood activities in 10 districts. The German Kreditanstalt für Wiederaufbau has recently committed partial support for contraceptive commodities, to be made available for a period of four years beginning in 1997.

13. UNFPA financial and technical assistance has been carefully tailored to complement the activities of other external aid partners. For example, UNICEF, USAID and UNFPA/FINNIDA each share one-third of the external aid costs for the national female community health volunteer programme; UNICEF and UNFPA share the cost of basic training for maternal and child health workers; primary health care outreach strategy development and training is supported by UNFPA while the commodity support for condoms and pills is provided by USAID; and a consortium of partners, including UNFPA, UNICEF, WHO, USAID, GTZ and ODA, are supporting the national strategy to strengthen management capacity at all levels in the health sector. IEC and advocacy efforts are being undertaken by UNFPA in collaboration with the Nepali Government and USAID.

Proposed programme

14. The proposed fourth country programme aims to contribute to the attainment of the following government objectives: (a) reducing the total fertility rate to 4.0, and raising the life expectancy from 56 to 65 years by 2001; (b) raising the contraceptive prevalence rate to over 38 per cent by increasing the availability and accessibility of various methods of modern contraceptives; (c) reducing the maternal mortality rate from 830 to 400 deaths per 100,000 live births and the infant mortality rate from 99 to 50 deaths per 1,000 live births by 2001 as well as reducing maternal morbidity by 15 per cent from the current level, by expanding coverage and improving the quality of reproductive health services; (d) ensuring that population and development issues are integrated into all development programmes; (e) promoting greater equality for women and their empowerment through IEC and advocacy; and (f) addressing gender issues in all programme activities.

15. Reproductive health. UNFPA will work with concerned Ministry of Health divisions and centres to further expand and strengthen several critical national programmes, including training female community health workers and helping to train enough MCH workers to cover every primary health care facility. The Government's integrated national reproductive health strategy will be operationalized by strengthening the existing service delivery programme and adding the components necessary to ensure that an appropriate constellation of reproductive health information and services is available at each level of the primary health care system. All UNFPA activities in support of reproductive health will give particular emphasis to women, since they bear the maximum reproductive health burden and determine the health of the coming generation. Women's participation

as health promoters, service providers and beneficiaries will continue to be supported through the female community health volunteers programme, mothers' groups, traditional birth attendants, and MCH workers. Furthermore, substantial emphasis will be placed on reproductive health management capacity, with specific activities aimed at decentralized planning, monitoring, supervision and performance review.

16. About 70 per cent of the country programme resources would be used for reproductive health activities to help the Government expand the scope, coverage and quality of reproductive health services; improve the knowledge and attitudes of both service providers and clients (men, women, adolescents and youth); address the unmet need for family planning services; improve the integrated planning, supervision and evaluation skills of service managers within the context of primary health care; improve monitoring systems; and enhance national capability in reproductive health training.

17. The proposed programme would help the Ministry of Education to incorporate family life education and gender issues into the curricula of school children, as well as adult literacy and formal and non-formal educational programmes. The proposed programme in the formal population education area will be implemented in close collaboration with the World Bank-funded secondary education project and the primary education development project supported by the Asian Development Bank.

18. Population and development strategies. The proposed programme would help the Government implement its population and development strategies, which aim to attain sustainable development through harmonious and integrated socio-economic and environmental development. UNFPA would support the efforts of the National Planning Commission and the Ministry of Population and Environment to develop a comprehensive integrated and multisectoral national population policy and would also aid in implementation, monitoring, and coordination by all relevant governmental agencies and NGOs. The Ministry of Population and Environment will assist other line ministries to ensure that population and development issues are integrated into their respective annual plans. UNFPA will also provide support through Tribhuvan University to the Central Department of Population Studies to further strengthen institutional development for undertaking research and training activities. For the 2001 census, UNFPA support will be limited to technical assistance, including questionnaire design, pretesting of questionnaires, printing of manuals, training, data processing equipment and some essential logistics support in terms of essential supplies.

19. Advocacy. UNFPA will assist the Government's advocacy activities that focus on reproductive health and on women's empowerment and equality. The advocacy strategy would utilize a multisectoral approach and would aim to sensitize political leaders as well as the public at large about population questions. Assistance would be given to the conceptualization, articulation and promotion of population messages to be disseminated through face-to-face and interpersonal communication, television and radio programmes, newspapers and seminars. Journalists, members of editorial boards and influential communicators would be sensitized on gender issues. Assistance

would be given to Radio Nepal, Nepal Television, the Information Department at the Ministry of Information and selected NGOs to develop messages concerning reproductive health, the empowerment of women and gender issues.

20. It is hoped that advocacy for girls' education, equal rights of women and adolescent health needs will lead to an environment where gender equity and equality are the norm. The programme would assist the Women's Ministry (which was set up in response to the ICPD and the Fourth World Conference on Women) in its efforts to institutionalize gender training within the government structure. For its part, UNFPA would seek to provide support for management training programmes for women and for women's micro-enterprises that are linked with reproductive health and family planning programmes.

Implementation, monitoring and coordination

21. The UNFPA country office would help the Government coordinate the activities of implementing and executing agencies and would monitor the implementation of the programme. At the governmental level, the coordination of population activities is the responsibility of the Ministry of Population and Environment. Financial coordination with international donors is done by the Foreign Aid Division of the Ministry of Finance. UNFPA has worked closely in the past with other donors and expects to continue this coordination and collaboration in the future.

22. Progress reports, annual tripartite review meetings and independent evaluation of programme components will be required for monitoring the programme's progress. Technical backstopping would be sought primarily from Nepali nationals. The UNFPA Country Support Team in Kathmandu, the United Nations Population Division, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Royal Tropical Institute (KIT) of the Netherlands, and the Association for Voluntary Surgical Contraception would provide substantive technical support as required. Programme monitoring would be the responsibility of the UNFPA country office and programme support staff in accordance with standard UNFPA guidelines. Special attention would be given to the identification of both quantitative and qualitative indicators that are sensitive to the Nepali context and capable of monitoring progress toward stated ICPD goals and objectives. Select qualitative indicators will be monitored through series of rapid appraisals as well as by proxy indicators such continuity of care. A mid-term review of the programme would be undertaken in 1998, and the programme will be administered by the UNFPA country office under the supervision of the UNFPA Representative.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance for Nepal as presented, in the amount of $35 million over the period 1997-2001, $25

million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $10 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.